

Foster Family Home - Corrective Action Report

Provider ID: 1-563751

Home Name: Adela Salacup, CNA

94-1067 Kuhaulua Street

Waipahu

HI 96797

Review ID: 1-563751-7

Reviewer: David Ayling

Begin Date: 6/18/2019

Foster Family Home

Required Certificate

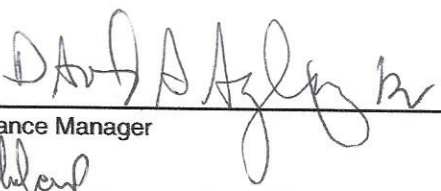
[11-800-6]

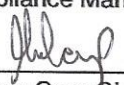
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 6/18/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date